

ROUTING SLIP FOR INVOICES

DATE November 16, 2017

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE October 2017

TO LeBlanc

INITIAL REVIEW 

DATE 11/28/17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 DT

DATE 11/29/17

POSTED TO SPREADSHEET 

SENT TO FISCAL _____ EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

no adjustments

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES****Cost Reimbursement Invoice Form**

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

October 2017

Service Period

719685

Contractor/PO#

2000 224936-1017

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,480.00	\$ 14,583.94	\$ 19,063.94	\$ 53,896.06	
FRINGE BENEFITS	\$ 10,309.44	\$ 698.82	\$ 2,211.05	\$ 2,909.87	\$ 7,399.57	
TRAVEL	\$ 1,080.00	\$ 190.23	\$ 371.59	\$ 561.82	\$ 518.18	
OPERATING SERVICES	\$ 60,370.56	\$ 5,822.90	\$ 7,238.50	\$ 13,061.40	\$ 47,309.16	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 6,850.00	\$ 21,487.50	\$ 28,337.50	\$ 65,862.50	
OTHER CHARGES	\$ 434,880.00	\$ 36,995.00	\$ 95,640.00	\$ 132,635.00	\$ 302,245.00	
EQUIPMENT/AC QUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 14,250.00	\$ 19,000.00	\$ 38,000.00	
TOTALS	\$ 730,800.00	\$ 59,786.95	\$ 155,782.58	\$ 215,569.53	\$ 515,230.47	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

11/10/2017
Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936 1017	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

line 2

Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Doreen Monro</i> Program Manager 11/29/17 Signature and Title of Authorized DCFS Official
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Jeannine LeBlanc 11/28/17

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

November 13, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
October 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

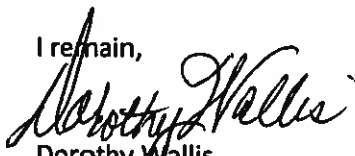
Please find attached, our October 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of October 2017.

We have worked with Gulf Coast Bank where the ACH is processed to correct the name from "Women Resources MM" to "Resources for Community".

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

I remain,


Dorothy Wallis
Program Administration
Caring to Love Ministries

P.S. Happy Thanksgiving

Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc
- One Copy
- Cover Letter
- Cost Reimbursement Invoices for October 2017
- Section A: Salary
- Section B: Fringe
 - FICA
 - LCTA – Worker Compensation
- Section C: Travel
- Section D: Operating Expenses
 - Cancelled Checks and Wire Transfers
- Section F: Professional services
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers
- Section G: Other Charges – Coordinated Prenatal Care Services
 - Subcontractors' Front Page and Wire Transfer
- Section I: Indirect Costs- Project Administrative
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)
- TANF –MOS Report October 2017

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-1017</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>October 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>570</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>174</u>
CUMMULATIVE 1st MONTH PARTICIPANTS	<u>744</u>

SECTION A - SALARY

Services Coordinator	Sanaretha Gray	1,900.00	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist		0.00	
	TOTAL SALARIES-Direct Svcs	4,480.00	

4,480.00 ✓

SECTION B - FRINGE

Insurance	Direct Services	250.00	
FICA	Direct Services	342.72	
Worker's Compensation	Direct Services	106.10	
	TOTAL FRINGES-Direct Svcs	698.82	

698.82 ✓

SECTION C - TRAVEL

Travel	Direct Services	141.78 ✓	
Travel	Direct Services	48.45 ✓	
	TOTAL TRAVEL-Direct Svcs	190.23	

190.23 ✓

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95 ✓	
Printing	Direct Services	550.00 ✓	
Printing	Direct Services	3,600.00 ✓	
Office Supplies	Direct Services	0.00	
Copy Machine	Direct Services	250.00 ✓	
Internet Service	Direct Services	195.00 ✓	
Media	Direct Services	0.00	
Website	Direct Services	14.95 ✓	
KNOWforSURE	Direct Services	875.00 ✓	
	TOTAL OPERATING EXPENSES FOR MONTH	5,822.90	

5,822.90

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

Ham Oct 800
May 10.31 250
Dress 10.30 250
Elgenty 10.31 150
Farrugia 10.30 500

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis 10.31.17	2,200.00	pd
Performance Improvement Coord	Garcia Bodley Oct	1,050.00	pd
Public Relations/Media Coord	Randy Rice 10.31.17	700.00	pd
Webmaster/Info Tech Cons.	Kathleen Benfield 10.31.17	700.00	pd
Information Technology Cons.	Turnkey 10.1.17	250.00	pd
Auditor Services	Michael Choate, CPA JHam/Rita	0.00	
Professional Technical Svc	Michelle/Emily/Alexis	1,950.00	pd
TOTAL PROFESSIONAL		6,850.00	

1950

6,850.00

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	174	1,740.00
Positive Pregnancy Test	\$ 10.00	192	1,920.00
Negative Pregnancy Test	\$ 10.00	51	510.00
Abstinence Education	\$ 30.00	51	1,530.00
Counseling	\$ 40.00	207	8,280.00
Referral Services	\$ 10.00	124	1,240.00
Health Risk Assessment	\$ 30.00	164	4,920.00
Care Plan Development	\$ 30.00	123	3,690.00
On-going Care	\$ 30.00	134	4,020.00
Family Support Services	\$ 40.00	90	3,600.00
Home Outreach Support Services	\$ 75.00	43	3,225.00
Birth Outcome Confirmation	\$ 40.00	58	2,320.00
TOTAL OTHER CHARGES			36,995.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00
TOTAL INDIRECT COST		4,750.00

TOTAL INVOICE **\$ 59,786.95**


Authorized Signature per Dorothy Wallis

Project Administrator

11/10/2017

Date

I hereby certify that the information given is true and correct to the best of my knowledge.

OFS Approval

Telephone Number

11/10/2017

Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

P.O.# 200 224936 - 1017
ACH Transfer Detail Grid for October 2017

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proff of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	21-24,26-28	25,29	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	34, 36	35,37	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	44	45	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie	47-48	49	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	50	51	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	52	53	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	54	55	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	58	59	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Lacey Bodley	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	60	61	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	62	63	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	64	65	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	66	67	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	70	72	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	73	75	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	76	78	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	79	81	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	82	84	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	85	87	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	88	90	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	92	93	Gulf Coast Bank & Tst	5



Gulf Coast Bank and Trust Company LCP CHECKING 6649

\$4,609.22
Available Balance

Last Updated: 11/9/2017 7:52 AM

Start Date End Date Transaction Type

11/6/2017



to

11/9/2017



Min Amount

Max Amount

Check #

\$0.00 to

\$0.00

to

Apply Filters

Reset

Date	Description	ACH Page #	Amount
Pending	ACH Manager	87	(\$4,640.00)
NOV 8 2017	Oct 2017	72	(\$11,065.00)
NOV 8 2017	Oct 2017	78	(\$10,320.00)
NOV 8 2017	Oct 2017	75	(\$6,530.00)
NOV 8 2017	Oct Printing mailout	37	(\$3,600.00)
NOV 8 2017	Oct 2017	81	(\$1,860.00)
NOV 8 2017	Oct 2017	84	(\$1,555.00)
NOV 8 2017	Oct 2017	51	(\$1,050.00)
NOV 8 2017	Oct 2017 Gonzales	90	(\$1,025.00)

5

ACT
Page #

NOV 7 2017	CARING TO LOVE M Profession XXXXXX7636		(\$1,150.00)
NOV 6 2017	Oct 2017	93	(\$4,500.00)
NOV 6 2017	Oct 2017	49	(\$2,200.00)
NOV 6 2017	Oct 2017	45	(\$875.00)
NOV 6 2017	Oct 2017	59	(\$800.00)
NOV 6 2017	Oct 2017	55	(\$700.00)
NOV 6 2017	Oct 2017 P/Relations	53	(\$700.00)
NOV 6 2017	Oct 2017 Social Media	35	(\$550.00)
NOV 6 2017	Oct 2017 Travel #1	25	(\$141.78)
NOV 6 2017	Oct 2017 Travel #2	29	(\$48.45)
NOV 6 2017	TMS Transfer from DDA#100637305 Approved per Gary Littlefield		+ \$10,000.00

5.1

PO# 2000 224936

SECTION A

SALARY

SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary-Sept17
 October 2017

4:12 PM

11/06/17

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
Employee Wages, Taxes and Adjustments				
Gross Pay				
Care Pregnancy Clinic Salary	1,850.00	1,990.00	2,522.68	6,362.68
Counseling Center Salary	0.00	0.00	0.00	0.00
Total Gross Pay	1,850.00	1,990.00	2,522.68	6,362.68
Deductions from Gross Pay				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	-452.22
Adjusted Gross Pay	1,850.00	1,990.00	2,070.46	5,910.46
Taxes Withheld				
Federal Withholding	-1.00	-231.00	-260.00	-492.00
Medicare Employee	-26.83	-28.86	-36.58	-92.27
Social Security Employee	-114.70	-123.38	-156.41	-394.49
LA - Withholding	-40.41	-56.97	-53.09	-150.47
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-182.94	-440.21	-506.08	-1,129.23
Net Pay	<u>1,667.06</u>	<u>1,549.79</u>	<u>1,564.38</u>	<u>4,781.23</u>
Employer Taxes and Contributions				
Medicare Company	26.83	28.86	36.58	92.27
Social Security Company	114.70	123.38	156.41	394.49
Total Employer Taxes and Contributions	<u>141.53</u>	<u>152.24</u>	<u>192.99</u>	<u>486.76</u>

2.36843%

Position-Direct Services	Employee Name	Salary	Blue Cross	7.65% FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray	1,900.00		145.35	45.00	190.35 ✓	2,090.35
Home Prenatal Care Nurse	Kim Hardee	1,600.00	250.00 ✓	122.40	37.89	410.29 ✓	2,010.29
Home prenatal Care Educator	J Monic Adams	980.00		74.97	23.21	98.18 ✓	1,078.18
Clerical Support							
TOTALS		4,480.00 ✓	250.00	342.72	106.10	698.82 ✓	5,178.82

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

Transactions Details

Posting Date	10/10/2017
Transaction Date	10/10/2017
Description	DDA CHECK 0000009363
Transaction Type	Debit
T/C	0077
Amount	\$741.50
Balance	\$5,399.29

Front

Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH INTERFERENT BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 84-15/854
 10/5/17

9363

PAY TO THE ORDER OF Sanaretha A Gray \$ 741.50

Seven Hundred Forty-One and 50/100

SECTION A-PERSONNEL SERVICES-Services Coordinator DOLLARS

Sanaretha A Gray
 PO Box 413
 Plainville, LA 70769

LCP Budget to reimburse CTLM = \$1900.00 for month

SECTION A-PERSONNEL SERVICES-Services Coordinator

Pay Period: 09/18/17 - 09/30/17

LCP Budget to reimburse CTLM = \$1900.00

VOID AFTER 60 DAYS
 STAR ACCOUNT

Anthony Haller
 AUTHORIZED SIGNATURE

THIS DOCUMENT CONTAINS NEAR SENSITIVE DATA. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.


Transactions Details

Posting Date	10/23/2017
Transaction Date	10/23/2017
Description	DDA CHECK 0000009376
Transaction Type	Debit
T/C	0077
Amount	\$808.29
Balance	\$6,318.48

Front

Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICR

CARING TO LOVE MINISTRIES	 BATON ROUGE, LOUISIANA	9376
STAR ACCOUNT		
3813 N. FLANNERY ROAD	84-15/684	10/20/17
BATON ROUGE, LOUISIANA 70814		
(225) 273-1124		

PAY TO THE ORDER OF Sanaretha A Gray \$ ****808.29**

Eight Hundred Eight and 29/100 ***** DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

SECTION A-PERSONNEL SERVICES-Services Coordinator AUTHORIZED SIGNATURE

Pay Period: 10/01/17 - 10/15/17

LCP Budget to reimburse CTEM 4-EX 1900.00 for [REDACTED]

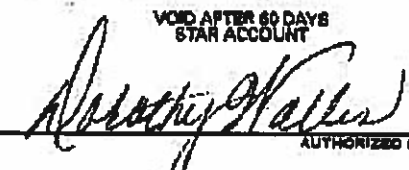
\$ 1900.00

Transactions Details

Posting Date	10/10/2017
Transaction Date	10/10/2017
Description	DDA CHECK 0000009364
Transaction Type	Debit
T/C	0077
Amount	\$587.92
Balance	\$4,811.37

Front

Back

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		WHITNEY BATON ROUGE, LOUISIANA 84-18/854 10/5/17	9364
PAY TO THE ORDER OF <u>Kim A Hardee</u>		\$ <u>587.92</u>	
Five Hundred Eighty-Seven and 92/100			DOLLARS
Kim A Hardee 15847 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 09/18/17 - 09/30/17			
⑈009364⑈ ⑈065400153⑈			

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	11/01/2017
Transaction Date	11/01/2017
Description	DDA CHECK 0000009377
Transaction Type	Debit
T/C	0077
Amount	\$976.46
Balance	\$1,320.81

Front

Back

PERSONAL DOCUMENT PRINTED ON CHEMICAL RESISTANT PAPER WITH MICR LINE

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 84-15/654

9377
 10/20/17

PAY TO THE ORDER OF Kim A Hardee \$ 976.46

Nine Hundred Seventy-Six and 46/100 ***** DOLLARS

Kim A Hardee
 15947 Haynes Bluff Ave
 Baton Rouge, LA 70817

VOID AFTER 60 DAYS
 STAR ACCOUNT

Rodney Waller
 AUTHORIZED SIGNATURE

MEMO
 Pay Period: 10/01/17 - 10/15/17

⑈009377⑈ ⑆065400153⑆

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

//

Transactions Details

Posting Date	10/10/2017
Transaction Date	10/10/2017
Description	DDA CHECK 0000009360
Transaction Type	Debit
T/C	0077
Amount	\$855.19
Balance	\$6,436.42

Front

Back

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WINTER BATON ROUGE,
 LOUISIANA

9360

84-15/254

10/5/17

PAY TO THE ORDER OF Jashonda Monic Adams

\$ **855.19

Eight Hundred Fifty-Five and 19/100 *****
SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator DOLLARS

Jashonda Monic Adams

VOID AFTER 60 DAYS
 STAR ACCOUNT

LCP Budget to reimburse CTLM = \$980.00 for month

1625 Sherwood Valley Ct
 Baton Rouge, LA 70816

MEMO

Pay Period: 09/16/17 - 09/30/17

AUTHORIZED SIGNATURE

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	10/23/2017
Transaction Date	10/23/2017
Description	DDA CHECK 0000009373
Transaction Type	Debit
T/C	0077
Amount	\$811.87
Balance	\$7,126.77

Front	Back
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ORIGINAL DOCUMENT PRINTED ON CHEMIST HIGHLIGHT PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 84-15784

9373
 10/20/17

PAY TO THE ORDER OF Jashonda Monic Adams \$ 811.87

Eight Hundred Eleven and 87/100 DOLLARS

Jashonda Monic Adams
 11625 Sherwood Valley Ct
 Baton Rouge, LA 70816

MEMO Pay Period: 10/01/17 - 10/15/17

VOID AFTER 60 DAYS
 STAR ACCOUNT

Jashonda Monic Adams
 AUTHORIZED SIGNATURE

SECTION A-PERSONNEL SERVICES Home Prenatal Educator

LCP Budget to reimburse CTLM = \$980.00 for month

PO# 2000 224936

SECTION B

FRINGES

Transactions Details

Posting Date	10/17/2017
Transaction Date	10/17/2017
Description	DDA CHECK 0000017730
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$16,252.76

Front	Back
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ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES
 OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 04-16/654

17730
 10/11/17

PAY TO THE ORDER OF Blue Cross Blue Shield \$ 2,134.03

Two Thousand One Hundred Thirty-Four and 03/100 DOLLARS

Blue Cross Blue Shield
 P.O. Box 860007
 Dallas, TX 75285

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

MEMO Group ID 27A81ERC Subgroup 0000 10/15-11/14/1

SECTION B-FRINGES Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

GBS64407000177020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814Group ID : 27A6IERC
Subgroup ID : 0000Due Date: 10/15/2017
Billing Date: 09/29/2017Invoice Period From : 10/15/2017
Invoice Period Through: 11/14/2017
Invoice Number : 172720000553

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,134.03

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,134.03

Please Pay Total Amount Due**\$2,134.03**

continued ⇨

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

SECTION B-FRINGS-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

 					
Electronic Federal Tax Payment System					
HOME	ENROLLMENT	MY PROFILE	PAYMENTS	HELP & INFORMATION	CONTACT US
LOGOUT					

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270770712508525

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$3,332.72
Settlement Date	11/03/2017
Subcategories:	
1 Social Security	\$1,902.72
2 Medicare	\$445.00
3 Tax Withholding	\$985.00
Account Number	xxxxx6585
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

[Home](#) [Enrollment](#) [My Profile](#) [Payments](#) [Help & Information](#) [Contact Us](#) [Logout](#)

[USA.gov](#) [IRS.gov](#) [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-1017 Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$342.72 for month

PO# 2000 224936-1017

Section 3 - Fringes Worker's Comp



LCTA CASUALTY INSURANCE COMPANY

SELF-REPORTING WORKSHEET

Workman's Comp Life Choice \$106.10 Section B

CTLM \$172.90

Total= \$279.00

Page 1 of 2 117
Print Date: 10/26/2017

Care Pregnancy Clinic
Caring to Love Ministries Inc
3813 N Flannery
Baton Rouge, LA 70814

Agent: 576
Ozark South Central Insurance
(225)775-7614

Carrier Policy #: WC-1-019438-117
Rating State: LA
Payment Due: 11/15/2017

Policy No.: 001000019438117

Division: 0

Policy period: 1/01/2017 - 1/01/2018
Reporting Period: 10/01/2017 - 10/31/2017

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium	
8810	Clerical Office Employees Noc	<u>8017.83</u>	.29	<u>23.25</u>	
8864	Social Svcs Org-All Employees	<u>9736.68</u>	2.58	<u>251.21</u>	
Life Choice = \$106.10 CTLM = \$172.90 TOTAL = \$279.00					
**** If no payrolls, report "none" ****					
Discounts included in lines (9) (13):		(6) Total Manual Premium			<u>274.46</u>
		(7) Increased Limits .000%			+
		(8) Subtotal			<u>- 274.46</u>
		(9) Discount factor before modifier			x 1.000
		(10) Subtotal			<u>- 274.46</u>
Months not reported:		(11) Experience Modifier			x
		(12) Subtotal			<u>- 274.46</u>
		(13) Discount factor after modifier			x 1.000
Make check payable to: LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(14) Total Premium Due			<u>- 274.46</u>
		(15) deduct Ceds to round			<u>- .46</u>
		(16)			+
		(17) Previous Balance			+.00
		(18) Total Due			<u>- 274.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by the Experience modifier (11), round to the nearest dollar, and place the result in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature:

Vickie Davis

Title:

Accountant

Date:

10/31/17

18

+ fee \$5.00

= 279.00

Copy of payment receipt from LCTA WORKERS COMP

BusinessServices@intuit.com

Wed 11/1/2017 10:04 AM

To: luv luv <luv@ctlm.org>;

Dear Care Pregnancy - 19438

Below is the sales receipt provided to you by LCTA WORKERS COMP

Transaction Receipt			
Transaction Type	Sale	Amount:	\$279.00
Name:	Care Pregnancy - 19438	Date & Time:	11/01/2017 - 08:03 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	554-207	Transaction ID:	a0h0lohb

Thank you for your order,
LCTA WORKERS COMP

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$279.00 on or after 11/01/2017 - 08:03 PDT. If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-1017

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = \$106.10 for month

PO# 2000 224936

SECTION C

TRAVEL

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$141.78

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Adams

ADDRESS

11625 Sherwood Valley CT

CITY

Baton Rouge

DATE OF CLAIM

10-31-17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

10/01/17-10/31/17

Lump-Sum A

Per Mile Cos

Automobile:

Lodging

Subsistence:

Meals (SEE PI
FOR SPE

Tolls and Parking

Tips (for baggage handling only)

Other Expenses

Less: Travel Advance

Total Reimbursable Costs

Travel reflects
home outreach

0. *

9. +

9. +

9. +

9. +

8. +

8. +

7. +

7. +

9. +

9. +

12. +

12. +

9. +

30. +

25. +

10. +

10. +

11. +

11. +

2. +

2. +

11. +

11. +

12. +

12. +

7. +

7. +

=

278. *

278. X

0.51 +

0. *

0. *

0. *

278. X

0.51 =

141.78 *

51

51

\$

\$

\$ 141.78

\$

\$

\$

\$

\$

\$

\$

\$

ge location to provide

\$ 141.78

I certify that this expense account is just and true in a specified on official business only; that the expenses have been paid by the State; and that the full amount is just

SIGNED BY PAYEE

Home Pre
TITLE

Ce

I certify that the charges set forth on this expense account are necessary and proper; and that, in my opinion, the amount is

Dorothy Wallis

NAME

re actually and necessarily traveled on the dates specified of the State and none of the expenses have

East Baton Rouge
OFFICIAL DOMICILE

the services for which the charges are made were

CEO/President

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEM

Agency No.	Orgn.	Object	Sub Obj.

Document Reference

ACH = \$141.78

Page 2 of 2 Travel Expense Form BA-12 (3/97) September 2017										P.O.# 2000 224936 SECTION C - Travel									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance			Meals		Tolls and		Other Expenses					
	Dep	Arr		Depart	Arrive		Lodging	No.	Cost	Parking	Tips	Description	Cost						
10/6/2017	9:39:00 AM	10:00:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 1546 N. 35th St, BR, LA 70802	113436	113445	9													
10/6/2017	10:10:00 AM	10:28:00 AM	1546 N. 35th St, BR, LA 70802 to 3813 N. Flannery Rd, BR, LA 70814	113445	113454	9													
10/11/2017	9:47:00 AM	10:04:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 1546 N. 35th St, BR, LA 70802	113542	113551	9													
10/11/2017	11:00:00 AM	11:49:00 AM	1546 N. 35th St, BR, LA 70802 to 3813 N. Flannery Rd, BR, LA 70814	113551	113560	9													
10/13/2017	11:44:00 AM	12:02:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 111 N. Foster Dr, BR, LA 70819	113625	113633	8													
10/13/2017	12:34:00 PM	12:47:00 PM	111 N. Foster Dr, BR, LA 70819 3813 N. Flannery Rd, BR, LA 70814	113633	113641	8													
10/20/2017	09:45am	9:59:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 8676 Goodwood Ste 108, BR, LA 70806	113920	113927	7													
10/20/2017	10:20:00 AM	10:40:00 AM	8676 Goodwood Ste 108, BR, LA 70806 3813 N. Flannery Rd, BR, LA 70814	113927	113934	7													
10/20/2017	11:42:00 AM	12:00:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 243 N Acadian Thruway, BR, LA, 70806	113934	113943	9													
10/20/2017	12:20:00 PM	12:46:00 PM	243 N Acadian Thruway, BR, LA, 70806 3813 N. Flannery Rd, BR, LA 70814	113943	113952	9													
10/20/2017	1:42:00 PM	2:12:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 720 Government St, BR, LA 70802	113951	113963	12													
10/20/2017	2:40:00PM	3:14:00 PM	720 Government St, BR, LA 70802 to 3813 N. Flannery Rd, BR, LA 70814	113963	113975	12													
10/23/2017		10:25:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 7048 Pointsettia Dr, BR, LA, 70812	1114036	1114045	9													
10/23/2017			7048 Pointsettia Dr, BR, LA, 70812 to 1939 Hwy 30, Gonzales, LA 70737	1114045	1114075	30													

Total Miles Traveled
Rate per Mile
Total Amount to Bill

147
0.51
\$ 74.97

ACH = \$141.78

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97)									
September 2017									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance		
	Dep	Arr		Depart	Arrive		Lodging	Meals No.	Tolls and Parking
10/23/2017	11:53:00 AM	12:56:00 PM	1939 Hwy 30, Gonzales, LA 70737 3813 N. Flannery Rd, BR, LA, 70814	114075	114100	25			
						0			
10/23/2017	1:15:00 PM	1:35:00 PM	3813 N. Flannery Rd, BR, LA, 70814						
			3055 Amarillo St, BR, LA, 70805	114100	114110	10			
			3055 Amarillo St, BR, LA, 70805 to						
10/23/2017	1:47:00 PM	2:10:00 PM	3813 N. Flannery Rd, BR, LA, 70814	114110	114120	10			
10/24/2017	12:25:00 PM	12:55:00 PM	3813 N. Flannery Rd, BR, LA, 70814						
			2290 Oakdale Dr, BR, LA, 70810	114146	114157	11			
			2290 Oakdale Dr, BR, LA, 70810						
10/24/2017	1:22:00 PM	2:10:00 PM	3813 N. Flannery Rd, BR, LA, 70814	114157	114168	11			
10/25/2017	1:18:00 PM	1:22:00 PM	3813 N. Flannery Rd, BR, LA, 70814	114204	114206	2			
			13146 Florida Blvd, BR, LA, 70815						
10/25/2017	1:47:00 PM	1:53:00 PM	13146 Florida Blvd, BR, LA, 70815 to	114206	114208	2			
			3813 N. Flannery Rd, BR, LA, 70814						
10/26/2017	10:09:00 AM	10:39:00 AM	3813 N. Flannery Rd, BR, LA, 70814 to						
			7777 Perkins Rd, BR, LA, 70810	114219	114230	11			
10/26/2017	10:58:00 AM	11:23:00 AM	7777 Perkins Rd, BR, LA, 70810 to						
			3813 N. Flannery Rd, BR, LA, 70814	114230	114241	11			
10/26/2017	11:56:00 AM	12:20:00 PM	3813 N. Flannery Rd, BR, LA, 70814 to						
			14985 Airline, BR, LA, 70817	114241	114253	12			
10/26/2017	12:44:00 PM	1:26:00 PM	14985 Airline, BR, LA, 70817 to						
			3813 N. Flannery Rd, BR, LA, 70814	114253	114265	12			
10/26/2017			3813 N. Flannery Rd, BR, LA, 70814 to						
			2684 Purvis Dr, BR, LA, 70809			0			
10/26/2017			2684 Purvis Dr, BR, LA, 70809 to						
			3813 N. Flannery Rd, BR, LA, 70814			0			
Total Miles Traveled						117			
Rate per Mile						0.51			
Total Amount to Bill						\$ 59.67			

ACH = \$141.78



11/3/2017 Authorized 1 of 1 ACH Batch - Tracking ID: 18273 LCP CHECKING xxxxxx6649 \$141.78

Tracking ID: 18273

Total Amount: \$141.78

Created: 11/03/2017 3:57 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 3:58 PM

From: LCP

CHECKING xxxxxx

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/3/2017

Header: CARING TO LOVE

Effective: 11/6/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$141.78	XXXX6569	Checking	XXXXX0153	

Addenda: Oct 2017 Travel #1

APPROVAL(S):

1 DOROTHY WALLIS

25

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$48.45

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Kim Hardee

ADDRESS

15947 Haynes Bluff Ave.

CITY

Baton Rouge, La 70817

DATE OF CLAIM

10-31-17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

10/01/2017-10/31/2017

Expense Summary

Automobile:	Lump-Sum Allowance	\$	
	Per Mile Cost:	ml. @ .51	\$
	95	ml. @ .51	\$ 48.45
Subsistence:	Lodging	\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	\$
Tolls and Parking			\$
Tips (for baggage handling only)			\$
Other Expenses			\$
Less: Travel Advance			\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients		\$ 48.45

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

TITLE OR POSITION
Home Prenatal Care Nurse

OFFICIAL DOMICILE

E. Baton Rouge

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

CEO/President

NAME

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

DATE	HOUR (SPECIFY AM/PM)		TERRITORY TRAVELED SHOW ALL POINTS VISITED	ODOMETER READING		MILES TRAV.	SUBSISTENCE			TOLLS AND PARK.	TIPS	OTHER EXPENSES		PO# 2000 124936-1017	Section C-Travel	ACH = \$48.45	Page 2 of 4
	DEP.	ARR.		DEPART	ARRIVE		LODGING	MEALS	COST			DESCRIPTION	COST				
10/06/2017	2:20pm	2:37pm	3813 N. Flannery Rd. 70814 LA TO 418 Florida Ave. Denham Springs 70726	40553	40560	7											
10/06/2117	3:10 pm	3:42 pm	418 Florida Ave. Denham Springs 70726 TO 3813 Flannery Blvd Rd. La. 70814	40560	40573	7											
10/13/2017	1:40 pm	2:12 pm	3813 N. Flannery Rd La 70814 TO	41132	41149	17											
10/13/17	2:30 pm	3:10 pm	3501 Groom Rd Baker, La. 70714 3501 Groom Rd Baker, La 70714 TO 3813 N. Flannery, La. 70814	41149	41165	16											
10/13/17	3:30 pm	4:00 pm	3513 N. Flannery, La 70814 TO	41165	41173	8											
			11850 Wentling, La 70816														
10/13/17	4:20 pm	5:00	11850 Wentling La 70816 TO	41173	41181	8											
			3813 N. Flannery La 70814														
10/27/17	2:45 pm	3:15 pm	3813 N. Flannery La 70814 TO	41872	41878	6											
			6880 Cezanne Ave 70806														
10/27/17	3:40 pm	4:10 pm	6880 Cezanne Ave 70806 TO 10000 Darnadele Ave. BR 70809	41878	41883	5											
10/27/17	4:30 pm	5:15 pm	10000 Darnadele Ave. BR 70809 TO	41883	41890	7											
			3813 N. Flannery La BR 70814														
10/30/17	10:00 am	10:27 am	3813 N. Flannery La BR 70814 TO 13146 Florida Blvd. BR 70815	41906	41910	4											
10/30/17	2:45 pm	3:30	13146 Florida Blvd. BR 70815 TO 3813 N. Flannery La BR 70814	41910	41914	4											
10/30/17	3:30	3:40	3813 N. Flannery La BR 70814 TO 3701 White Sands Road BR 70814	41914	41917	3											

ACH = \$48.45



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18277	LCP CHECKING xxxxxx6649	\$48.45

Tracking ID: 18277

Total Amount: \$48.45

Created: 11/03/2017 4:00 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:00 PM

From: LCP
CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/3/2017

Header: CARING TO LOVE

Effective: 11/6/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$48.45	XXXX6569	Checking	XXXXX0153	

Addenda:

Oct 2017 Travel #2

APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936

0. *
0. *
337.95 +
550. +
3600. +
250. +
195. +
14.95 +
875. +
=
5822.9 *

SECTION D

OPERATING EXPENSES

Printing

Ad America 10/1/17 - \$163.95
Ad America 10/1/17 \$174.00 > 337.95 pd

Rand, Rice 10.1.17 \$550.00 pd

Rand, Rice 10.1.17 \$3600.00 pd

Copy Machine

De Laaf 10.21.17 \$250.00 pd

Know for Sure

10.31.17
\$875.00
pd

Internet

CTL 10.31.17 \$195.00 pd

Website

Wafoo Oct \$14.65 pd



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
10/1/2017	225662

Bill To

Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-1017		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
		Total	\$163.95



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
10/1/2017	225661

Bill To

Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-1017		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America			
		Total	\$174.00

Transactions Details

Posting Date	10/10/2017
Transaction Date	10/10/2017
Description	DDA CHECK 0000017717
Transaction Type	Debit
T/C	0077
Amount	\$337.95
Balance	\$9,397.59

Front

Back

CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		HANDY BATON ROUGE, LOUISIANA 84-15864	17717 10/3/17
PAY TO THE ORDER OF Ad America		\$ 337.95	
Three Hundred Thirty-Seven and 95/100			DOLLARS
Ad America 18308 Wickham Rd, Ste B Olney, MD 20832		VOID AFTER 60 DAYS OPERATING ACCOUNT	
PO# 2000 224936-1017 MEMO		AUTHORIZED SIGNATURE	
SECTION B - Operating Expense Funding			
0000017717 0065400153			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			

P

PO#2000 224396-1017

LCP Budget to reimburse \$550

Section D - Operating Expense Printing
Randy Rice & Associates

Page 1 of 2

Randy Rice and Associates

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

DATE	INVOICE #
10/1/2017	13928

Caring to Love Ministries
3813 North Flannery
Baton Rouge, La 70814

DESCRIPTION	AMOUNT
September Social Advertising Social Media Marketing Campaign Facebook & Instagram 24,541 People Reached, 53 Post Engagements	550.00
Thank you for your business.	Total 550.00



LCP Budget to reimburse \$500 Randy Rice & Assoc.

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18278	LCP CHECKING xxxxxx6649	\$550.00

Tracking ID: 18278

Total Amount: \$550.00

Created: 11/03/2017 4:01 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:02 PM

From: LCP

Authorized By: DOROTHY WALLIS

CHECKING xxxxxxxx

Will

ACH Class Code: CCD

process On: 11/3/2017

ACH

Effective: 11/6/2017

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$550.00	xxxxxxx	Checking	xxxxxxx	

Addenda: Oct 2017 Social Media

APPROVAL(S):

1 DOROTHY WALLIS

Randy Rice and Associates Budget to reimburse \$3600 Randy Rice & Assoc. **Invoice**8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

DATE	INVOICE #
10/1/2017	13930

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
September Printing Invoice (Postcards & Brochures) 5,000 color tri-fold brochures Artwork, printing, envelopes, envelope printing, mail list, postage Mailed to: schools, churches, OBGYN's in Baton Rouge, Hammond, Marrero, New Orleans, Lafayette, Lake Charles, Amite, Natchitoches, Metairie, Gretna, Youngsville, Ruston, Moss Bluff, Independence, Kentwood, Loranger, Ponchatoula, Port Allen, Plaquemine, Zachary, Baker, Gonzales 5,000 color tri-fold brochures Artwork, printing, envelopes, envelope printing, mail list, postage Mailed to: schools, churches, OBGYN's in Baton Rouge, Hammond, Marrero, New Orleans, Lafayette, Lake Charles, Amite, Natchitoches, Metairie, Gretna, Youngsville, Ruston, Moss Bluff, Independence, Kentwood, Loranger, Ponchatoula, Port Allen, Plaquemine, Zachary, Baker, Gonzales	3,600.00
Thank you for your business.	Total \$3,600.00



LCP Budget to reimburse \$3600 Randy Rice & Assoc.

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/6/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 19699	LCP CHECKING xxxxxx6649	\$3,600.00

Tracking ID: 19699

Total Amount: \$3,600.00

Created: 11/06/2017 6:52 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/06/2017 6:53 PM

From: LCP

CHECKING xxxxxx

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 11/7/2017

ACH

Effective: 11/8/2017

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$3,600.00	XXXXXXXXXX	Checking	XXXXX0137	

Addenda: Oct Printing mailout

APPROVAL(S):

1 DOROTHY WALLIS



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 56727000
Due Date: 11/15/2017
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



210000056727000000555751

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25427116
Invoice Number: 56727000
Account Number: 854059
Site Number: 3951293
Invoice Date: 10/21/2017
Period of Performance: 10/15/2017-11/14/2017
Due This Period: \$555.75

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF69491		TOSHIB / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HRP09882		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										

SECTION D Operating Expense Copy Machine

Asset Amount Total: \$528.99

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

Dorothy Wallis
ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date

10/31/2017

Payment Method

CTLM Operating WHITNEY BANK *****6569

Total Payment

\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Monday, October 30, 2017 12:00 PM ET will be posted on Monday, October 30, 2017. Payments confirmed after Monday, October 30, 2017 12:00 PM ET will be posted on Tuesday, October 31, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220.

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105151157	854059- 3951293	10/21/2017	56727000	11/15/2017	\$555.75	\$555.75

PO# 2000 224936-1017

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.


at&t

 CARING TO LOVE MINISTRIES
 INC
 3813 N FLANNERY RD
 BATON ROUGE, LA 70814

Page	1 of 2
Account Number	171-800-0934 001
Billing Date	Oct 19, 2017
Questions?	1 800 358-1111
Web Site	att.com

Invoice	8788539309
AT&T Tax ID	13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	702.31
Payment - Thank You!	702.31CR
Adjustments	.00
Balance	.00
Current Charges	721.56
Total Amount Due	\$721.56
Payment Due Date	Nov 18, 2017

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	687.06
Sub-Account #831-000-6867 906	34.50
Total Group #000001	721.56
Total Current Charges	721.56

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service when an interruption has caused an interruption. This fee will be applicable to each account that is being restored and

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

News You Can Use

ACCOUNT STATUS - Continued
 will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability

10/31/2017

PO# 2000 224936-1017 RE: Please call me to pay our business invoice for Caring To Love Ministries

Page 3 of 3



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
To: vickiebdavis@gmail.com
Sent: Oct 31, 2017 2:16:05 PM PDT
Subject: RE: Please call me to pay our business invoice for Caring To Love Ministries

Make a Payment

Account: **1718000934001**
 Bill Name: **CARING TO LOVE MINISTRIES**

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	5MR7CSR1M08BMH0	10/31/17	\$721.56

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
8788539309	721.56	721.56	721.56

Regards,
 Damon Sandness
 AT&T MERK Escalation Team
 Tel.: (866) 502-9421
 Email: ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

From: Vickie Davis [mailto:vickiebdavis@gmail.com]
Sent: Tuesday, October 31, 2017 4:01 PM
To: MWSE_PCG_Collections <G45809@att.com>
Subject: Please call me to pay our business invoice for Caring To Love Ministries

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our invoice dated 10/19/17 when you receive this email.

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

42

Paid by Credit Card \$14.65 Wufoo.com

Bill #2381596

Generated: 20 October 2017



Print



Email

PAID

Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed to:
Dorothy H Wallis
3813 N. Flannery Road
Baton Rouge 70814
United States

Quantity	Description	Item Price	Total
1	Wufoo Subscription - From : October 20, 2017 to November 20, 2017	\$14.95	\$14.95

AMOUNT PAID : \$14.95**CREDIT CARD BILLED : **** * 848 TRANSACTION ID : 2658178**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:

<http://ctlm.wufoo.com/account/>.

Please send billing questions to billing@wufoo.com
and technical support questions to support@wufoo.com

Thank you for your business and thanks for using Wufoo!

The Wufoo Team

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. LCP 10/31/2017
P.O.# 2000 224936

INVOICE**Customer**

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 10/31/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

SubTotal \$ 875.00

Payment

Please make check payable to:

Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

Office Use Only

TOTAL \$ 875.00

SECTION D-Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18281	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 18281

Total Amount: \$875.00

Created: 11/03/2017 4:02 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:03 PM

Description: KNOW
FOR SURE

Authorized By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Will

ACH Class Code: CCD

process On: 11/3/2017

ACH Header: CARING TO LOVE M

Effective: 11/6/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

45

PO# 2000 224936

SECTION F

PROFESSIONAL

0 • *

0 • *

2200 • +

1050 • +

700 • +

700 • +

250 • +

1950 • +

=

6850 • *

0 • *

Direct Mailing Services, Inc.

ACH = \$2200.00

Invoice16959 Highland Club Ave
Baton Rouge, LA 70817

Date	Invoice #
10/31/2017	561

Bill ToLife Choice Project
CTLM
3813 N Flannery Rd
Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-October 2017	2,200.00	2,200.00
Thank you for the opportunity to serve you!		Total	\$2,200.00

ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0917
October 2017

Detailed Description for Professional: Accounting Services

		Direct Mailing Services (Vickie Davis)	<u>\$ 2,200.00</u>
<u>Date</u>	<u>Hours</u>	<u>Description</u>	
10/2/2017	8	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
10/5/2017	8	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
10/9-10/12/2017	16	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
10/16-10/17/2017	16	Worked on field work for annual audit with Choate, CPA firm Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
10/20/2017	5	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
10/23/2017	6	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
10/30/2017	6	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
<u>65</u>		<u>Total Hours Worked</u>	

ACH = \$2200.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18283	LCP CHECKING xxxxxx6649	\$2,200.00

Tracking ID: 18283

Total Amount: \$2,200.00

Created: 11/03/2017 4:04 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:04 PM

From: LCP

CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/3/2017

Header: CARING TO LOVE

Effective: 11/6/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

Resources for Communities

Garcia Bodley
P.O. Box 73215
Baton Rouge, LA 70874
Phone: (225) 328-1965

Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814
(225) 273-1124

INVOICE

Invoice #: 2017-1000

For: Services: October, 2017

Location: Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
10/3, 10/17	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
10/10, 10/22, 10/27	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsleter	4		
11-Oct	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		14	\$ 75.00	\$1,050.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/6/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 19700	LCP CHECKING xxxxxx6649	\$1,050.00

Tracking ID: 19700

Total Amount: \$1,050.00

Created: 11/06/2017 6:54 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/06/2017 6:54 PM

From: LCP

Authorized By: DOROTHY WALLIS

CHECKING xxxxxx6649

Will

ACH Class Code: CCD

process On: 11/7/2017

ACH

Effective: 11/8/2017

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,050.00	XXXXX07195	Checking	XXXXX0090	

Addenda:

Oct 2017

APPROVAL(S):

1

DOROTHY WALLIS

ACH = \$1050.00

Randy Rice and Associates ACH = \$700.008221 Summa Ave Suite C
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
10/31/2017	13929

Louisiana Life Choice Project 3813 North Flannery Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
October PR Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour 4-Gathering of ratings for Radio and/or Television for each station 10-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 10-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 10-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 10-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 10-18-16 1.5-Send discrepancy notices for all spots not ran correctly 10-18-16 1-Issuance of credit in the event spots ran incorrectly 10-18-16 1-Arrange for Deliverables 10-18-16 1.5-Processing and delivery of Deliverables 10-18-16	700.00
Thank you for your business.	Total \$700.00

ACH = \$700.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18284	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 18284

Total Amount: \$700.00

Created: 11/03/2017 4:05 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:05 PM

From: LCP

CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/3/2017

Header: CARING TO LOVE

Effective: 11/6/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda:

Oct 2017 P/Relations

APPROVAL(S):

1

DOROTHY WALLIS

ACH = \$700.00

Invoice**Kathleen Benfield Consultants**

P.O. Box 10305
New Orleans, LA 70181

Invoice #: 201170
Invoice Date: 10/31/2017

Terms	Net 30
-------	--------

Bill To:

Life Choice Project
Dorothy Wallis
3813 N. Flannery Rd.
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for October, 2017 including training, modifications to web based database and reporting	700.00	1	700.00
Website/Database Maintenance and Support 10/04/17 - On-site Center visit		1	0.00
Website/Database Upgrade 10/06/17 - On-site Lifechoice Project Office		4	0.00
Website/Database Maintenance and Support 10/09/17		1.5	0.00
Website/Database Maintenance and Support 10/15/17		4	0.00
Website/Database Maintenance and Support 10/17/17		1	0.00
Website/Database Maintenance and Support 10/19/17		1	0.00
Report Modifications 10/29/17		0.5	0.00
Website/Database Maintenance and Support 10/30/17		0.5	0.00

Total \$700.00

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due \$700.00

ACH = \$700.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18285	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 18285

Total Amount: \$700.00

Created: 11/03/2017 4:06 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:06 PM

From: LCP

CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/3/2017

Header: CARING TO LOVE

Effective: 11/6/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$700.00	XXXXX8948	Checking	XXXXX0171	

Addenda:

Oct 2017

APPROVAL(S):

1

DOROTHY WALLIS

55

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
10/01/2017	10028967

Terms	Due Date	PO Number	Reference
Net 30 days	10/31/2017		Monthly Billing for October
<p>PLAN TYPE DESIGNATION: "PRIME FIXED FEE" SEATS INCLUDED: 7 HELPDESK INCLUDED FOR: ALL OFFICE STAFF</p> <p>PRIMARY components of your selected support plan:</p> <ul style="list-style-type: none"> * The full TKS Partner Pulse Process * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about. * Network Security & Risk Assessment Scheduled regularly throughout the year * TKS' Gold Standard Implementation at no extra cost * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems * Offsite monitoring and log review of your firewall * 24 x 7 monitoring of your system <p>STRATEGY, VCIO, AND STANDARDS:</p> <ul style="list-style-type: none"> * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring * Full suite of reports delivered daily, weekly, and monthly to keep you informed <p>DISASTER RECOVERY:</p> <ul style="list-style-type: none"> * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective) * Remote support to restore service is included and not billable * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount). <p>REMOTE HELP DESK:</p> <ul style="list-style-type: none"> * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT. * Unlimited remote Server Administration, User Account Management * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved. * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them. <p>ONSITE SERVICES:</p> <ul style="list-style-type: none"> * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately. * Onsite support and other services are billed separately, at 75% of regular rates (25% discount). <p>PROJECTS (MOVES/ADDS/CHANGES):</p> <ul style="list-style-type: none"> * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability. * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS. * All other project work is billed separately, at 75% of regular rates (25% discount). <p>CLOUD & MOBILITY SERVICES:</p> <ul style="list-style-type: none"> * Not included, available separately 			

Please make checks payable to Turn Key Solutions, LLC
Mail to: 11911 Justice Ave, Baton Rouge, LA 70816
or use <https://www.billandpay.com/go/tks>
Thank you!

Invoice Subtotal:	1,101.04
Sales Tax:	109.82
Invoice Total:	1,210.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

LCP Budget to reimburse CIRM - \$25,000

<p align="center">Payment Receipt TurnKey Solutions, LLC 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p>											
<hr/> <p>Date: 10/16/2017</p>											
<p>Confirmation Code: 1388253-8850-1712822435</p>											
<p>Customer: Caring To Love Ministries</p>											
<p>Amount: \$1,210.88</p>											
<p>Name On Account: Dorothy H. Wallace</p>											
<p>Account: Credit Card *****0848</p>											
<hr/> <table border="0"> <thead> <tr> <th>Item</th> <th>Date Created</th> <th>Due Date</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td align="right">\$1,210.88</td> </tr> </tbody> </table>				Item	Date Created	Due Date	Amount Paid				\$1,210.88
Item	Date Created	Due Date	Amount Paid								
			\$1,210.88								

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

J HAM ENTERPRISES, INC.

INVOICE

Date: October 31, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Pregnancy Help Center Consulting
October 2017
27 hours @ \$30.00 per hour

Amount Due:**\$800.00****Summary description of activities by category:**

Hours	Activity
10	Daily compilation and submission of center client visits
8	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
3	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 18288	LCP CHECKING xxxxxx6649	\$800.00

Tracking ID: 18288

Total Amount: \$800.00

Created: 11/03/2017 4:10 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/03/2017 4:11 PM

Description:

Authorized By: DOROTHY WALLIS

J HAM &
Associates

Will

From:

process On: 11/3/2017

LCP CHECKING
xxxxxx6649

Effective: 11/6/2017

ACH Class Code: PPD

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** October 31, 2017.**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769**Description**Pregnancy Help Center Consulting
September 2017
25 hours @ \$10.00 per hour**Amount due:**

\$250.00

Summary description of activities by category:

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/6/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 19559	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 19559

Total Amount: \$1,150.00

Created: 11/06/2017 2:44 PM

Total

Created By: DOROTHY WALLIS

Payments: 4

Authorized: 11/06/2017 2:44 PM

Description:
Professional
Service

Authorized By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Will

process On: 11/6/2017

ACH Class Code: PPD

Effective: 11/7/2017

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Oct 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	
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Addenda: Oct 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	
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Addenda: Oct 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	
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Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** October 30, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785**Description**Pregnancy Help Center Consulting
October 2017
10 hours @ \$25 per hour**Amount due:****\$250.00**

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge, Restoration PRC, and Women's Life Ministries - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
11/6/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 19559	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 19559

Total Amount: \$1,150.00

Created: 11/06/2017 2:44 PM

Total

Created By: DOROTHY WALLIS

Payments: 4

Authorized: 11/06/2017 2:44 PM

Description:

Authorized By: DOROTHY WALLIS

Professional
Service

Will

From: LCP CHECKING xxxxxx6649

process On: 11/6/2017

ACH Class Code: PPD

Effective: 11/7/2017

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Oct 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	
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Addenda: Oct 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	
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Addenda: Oct 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	
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Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

63

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** October 31, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Emily Ilgenfritz
10012 Rocky Knoll Circle
Shreveport, LA 71106**Description**Pregnancy Help Center Consulting
October 2017
10 hours @ \$15.00 per hour**Amount due:**

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

GULF COAST BANK
& Trust Company

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/6/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 19559	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 19559

Total Amount: \$1,150.00

Created: 11/06/2017 2:44 PM

Total

Created By: DOROTHY WALLIS

Payments: 4

Authorized: 11/06/2017 2:44 PM

Description:

Authorized By: DOROTHY WALLIS

Professional
Service

Will

From: LCP CHECKING xxxxxx6649

process On: 11/6/2017

ACH Class Code: PPD

Effective: 11/7/2017

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Oct 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	
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Addenda: Oct 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXXX2093	Checking	XXXXX0153	
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Addenda: Oct 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	
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Addenda: Oct 2017

APPROVAL(S):

1	DOROTHY WALLIS
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65

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** October 30, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121**Description**Pregnancy Help Center Consulting
October 2017
20 hours @ \$25.00 per hour**Amount due:**~~\$500.00~~**Summary description of activities by category:**

Hours	Activity
1	Compliance visits to ACCESS Pregnancy Center - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
1	Preparation, completion, & submission of Compliance Documents
18	Review and verification of Clinic billing packets, compilation of error report



**GULF COAST BANK
& Trust Company**

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/6/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 19559	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 19559

Total Amount: \$1,150.00

Created: 11/06/2017 2:44 PM

Total

Created By: DOROTHY WALLIS

Payments: 4

Authorized: 11/06/2017 2:44 PM

Description:
Professional
Service

Authorized By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Will

process On: 11/6/2017

ACH Class Code: PPD

Effective: 11/7/2017

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Oct 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	
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Addenda: Oct 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	
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Addenda: Oct 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	
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Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

67

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Oct 2017 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	570	Cumm 2nd Visits Last Month	424
Number of New Participants	174	New 2nd Visits	164
Cumulative Participants	744	Cumm 2nd Visits	588

Client Services

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	174	\$ 1,740.00
2 Positive Pregnancy Test	\$ 10.00	162	\$ 1,620.00
3 Negative Pregnancy Test	\$ 10.00	51	\$ 510.00
4 Abstinence Education	\$ 30.00	51	\$ 1,530.00
5 Counseling	\$ 40.00	207	\$ 8,280.00
6 Referral Services	\$ 10.00	124	\$ 1,240.00
7 Health Risk Assessment	\$ 30.00	164	\$ 4,920.00
8 Care Plan Development	\$ 30.00	123	\$ 3,690.00
9 On-going Care	\$ 30.00	134	\$ 4,020.00
10 Family Support Services	\$ 40.00	90	\$ 3,600.00
11 Home Outreach Support Services	\$ 75.00	48	\$ 3,225.00
12 Birth Outcome Confirmation	\$ 40.00	58	\$ 2,320.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,411	\$ 36,995.00

Amount Due \$ 36,995.00

Care Pregnancy Clinic	\$ 11,065.00
Women's Resource Center of Natch LA	\$ 6,530.00
A Pregnancy Center	\$ 10,320.00
Access Pregnancy-(Catholic Charities)	\$ 1,860.00
Women's Life Ministries	\$ 1,555.00
Restoration House	\$ 4,640.00
CPC-Gonzales	\$ 1,025.00

TOTAL ALL CENTERS**\$ 36,995.00**

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
Project Number LCP17-18-01
Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 11/04/2017)
Report Submitted By Deborah Clayton
Address 3813 N. Flannery Rd.
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:56 2nd:38 3rd:19 Pantry:71 Home:17 Postpartum:19

Description of Service	#Served	Reimb. Cost	Total
Intake Application	56	\$10	\$ 560
Positive Pregnancy Test	56	\$10	\$ 560
Negative Pregnancy Test	19	\$10	\$ 190
Abstinence Education	19	\$30	\$ 570
Counseling	56	\$40	\$ 2240
Referral Services	38	\$10	\$ 380
Health Risk Assessment	54	\$30	\$ 1620
Care Plan Development	37	\$30	\$ 1110
On-Going Care/Monitoring	36	\$30	\$ 1080
Family Support Services	18	\$40	\$ 720
Home Outreach Support Services	17	\$75	\$ 1275
Birth Outcome Confirmation	19	\$40	\$ 760

Total Services	425	\$ 11065
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

[Handwritten signatures]

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy Clinic**LCP 17-18-01**

Cumm from Last Month	204	Cumm 2nd Visits Last Month	143
Number of New Participants for This Month	56	New 2nd Visits	54
Cummulative Participants	260	Cumm 2nd Visits	197

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	56	\$ 560.00
2 Positive Pregnancy Test	\$ 10.00	56	\$ 560.00
3 Negative Pregnancy Test	\$ 10.00	19	\$ 190.00
4 Abstinence Education	\$ 30.00	19	\$ 570.00
5 Counseling	\$ 40.00	56	\$ 2,240.00
6 Referral Services	\$ 10.00	38	\$ 380.00
7 Health Risk Assessment	\$ 30.00	54	\$ 1,620.00
8 Care Plan Care	\$ 30.00	37	\$ 1,110.00
9 On-going Care	\$ 30.00	36	\$ 1,080.00
10 Family Support Services	\$ 40.00	18	\$ 720.00
11 Home Outreach Support Services	\$ 75.00	17	\$ 1,275.00
12 Birth Outcome Confirmation	\$ 40.00	19	\$ 760.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		425	\$ 11,065.00

Amount Due \$ 11,065.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20316	LCP CHECKING xxxxxx6649	\$11,065.00

Tracking ID: 20316

Total Amount: \$11,065.00

Created: 11/07/2017 2:49 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/07/2017 2:50 PM

From: LCP

Authorized By: DOROTHY WALLIS

CHECKING xxxxxx6649

Will process On: 11/7/2017

ACH Class Code: CCD

Effective: 11/8/2017

ACH

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$11,065.00	XXXX6569	Checking	XXXXXX0153	

Addenda:

Oct 2017

APPROVAL(S):

1

DOROTHY WALLIS

72

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 11/02/2017)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:35 2nd:18 3rd:17 Pantry:44 Home:10 Postpartum:8

Description of Service	#Served	Reimb. Cost	Total
Intake Application	26 ✓	\$10	\$ 260
Positive Pregnancy Test	35 ✓	\$10	\$ 350
Negative Pregnancy Test	8 ✓	\$10	\$ 80
Abstinence Education	8 ✓	\$30	\$ 240
Counseling	35 ✓	\$40	\$ 1400
Referral Services	18 ✓	\$10	\$ 180
Health Risk Assessment	28 ✓	\$30	\$ 840
Care Plan Development	18 ✓	\$30	\$ 540
On-Going Care/Monitoring	27 ✓	\$30	\$ 810
Family Support Services	19 ✓	\$40	\$ 760
Home Outreach Support Services	10 ✓	\$75	\$ 750
Birth Outcome Confirmation	8 ✓	\$40	\$ 320

Total Services	240	\$ 6530
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	89	Cumm 2nd Visits Last Month	73
Number of New Participants for This Month	26	New 2nd Visits	28
Cummulative Participants	115	Cumm 2nd Visits	101

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	26	\$ 260.00
2 Positive Pregnancy Test	\$ 10.00	35	\$ 350.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	35	\$ 1,400.00
6 Referral Services	\$ 10.00	18	\$ 180.00
7 Health Risk Assessment	\$ 30.00	28	\$ 840.00
8 Care Plan Care	\$ 30.00	18	\$ 540.00
9 On-going Care	\$ 30.00	27	\$ 810.00
10 Family Support Services	\$ 40.00	19	\$ 760.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	8	\$ 320.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		240	\$ 6,530.00

Amount Due \$ 6,530.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20386	LCP CHECKING xxxxxx6649	\$6,530.00

Tracking ID: 20386

Total Amount: \$6,530.00

Created: 11/07/2017 4:07 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/07/2017 4:07 PM

From: LCP

Authorized By: DOROTHY WALLIS

CHECKING xxxxxx6649

Will process On: 11/7/2017

ACH Class Code: CCD

Effective: 11/8/2017

ACH

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$6,530.00	XXXX078	Checking	XXXXX2949	

Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

75

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 11/01/2017)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:72 2nd:39 3rd:33 Pantry:78 Home:6 Postpartum:10

Description of Service	#Served	Reimb. Cost	Total
Intake Application	51	\$10	\$ 510
Positive Pregnancy Test	72	\$10	\$ 720
Negative Pregnancy Test	12	\$10	\$ 120
Abstinence Education	12	\$30	\$ 360
Counseling	72	\$40	\$ 2880
Referral Services	39	\$10	\$ 390
Health Risk Assessment	45	\$30	\$ 1350
Care Plan Development	39	\$30	\$ 1170
On-Going Care/Monitoring	39	\$30	\$ 1170
Family Support Services	20	\$40	\$ 800
Home Outreach Support Services	6	\$75	\$ 450
Birth Outcome Confirmation	10	\$40	\$ 400

Total Services	417	\$ 10320
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Patrice Lewis
Rachel Washington
Denise Williamson

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy Center**LCP-17-18-103**

Cumm from Last Month	105	Cumm 2nd Visits Last Month	86
Number of New Participants for This Month	51	New 2nd Visits	45
Cummulative Participants	156	Cumm 2nd Visits	131

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	51	\$ 510.00
2 Positive Pregnancy Test	\$ 10.00	72	\$ 720.00
3 Negative Pregnancy Test	\$ 10.00	12	\$ 120.00
4 Abstinence Education	\$ 30.00	12	\$ 360.00
5 Counseling	\$ 40.00	72	\$ 2,880.00
6 Referral Services	\$ 10.00	39	\$ 390.00
7 Health Risk Assessment	\$ 30.00	45	\$ 1,350.00
8 Care Plan Care	\$ 30.00	39	\$ 1,170.00
9 On-going Care	\$ 30.00	39	\$ 1,170.00
10 Family Support Services	\$ 40.00	20	\$ 800.00
11 Home Outreach Support Services	\$ 75.00	6	\$ 450.00
12 Birth Outcome Confirmation	\$ 40.00	10	\$ 400.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		417	\$ 10,320.00

Amount Due \$ 10,320.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20389	LCP CHECKING xxxxxx6649	\$10,320.00

Tracking ID: 20389

Total Amount: \$10,320.00

Created: 11/07/2017 4:08 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/07/2017 4:08 PM

From: LCP

CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/7/2017

Header: CARING TO LOVE

Effective: 11/8/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$10,320.00	XXXX2775	Checking	XXXXX0222	

Addenda:

Oct 2017

APPROVAL(S):

1

DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access Metairie
 Project Number LCP17-18-107-1
 Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 10/26/2017)
 Report Submitted By Kay Bongard
 Address 921 Aris Avenue
 City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:7 2nd:7 3rd:5 Pantry:32 Home:0 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	11	\$10	\$ 110
Positive Pregnancy Test	7	\$10	\$ 70
Negative Pregnancy Test	4	\$10	\$ 40
Abstinence Education	4	\$30	\$ 120
Counseling	12	\$40	\$ 480
Referral Services	7	\$10	\$ 70
Health Risk Assessment	7	\$30	\$ 210
Care Plan Development	7	\$30	\$ 210
On-Going Care/Monitoring	5	\$30	\$ 150
Family Support Services	7	\$40	\$ 280
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services 70 7450 \$ 1860. SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments: ☐ ☐

Total Billed ☐ ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature
 Supervisor's Signature
 Data Entry Clerk's Signature

Michelle Black
M. Murphy
Delores P. Peltier

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	38	Cumm 2nd Visits Last Month	33
Number of New Participants for This Month	11	New 2nd Visits	7
Cummulative Participants	49	Cumm 2nd Visits	40

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	11	\$ 110.00
2 Positive Pregnancy Test	\$ 10.00	7	\$ 70.00
3 Negative Pregnancy Test	\$ 10.00	4	\$ 40.00
4 Abstinence Education	\$ 30.00	4	\$ 120.00
5 Counseling	\$ 40.00	12	\$ 480.00
6 Referral Services	\$ 10.00	7	\$ 70.00
7 Health Risk Assessment	\$ 30.00	7	\$ 210.00
8 Care Plan Care	\$ 30.00	7	\$ 210.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	5	\$ 200.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		74	\$ 1,860.00

Amount Due	\$ 1,860.00
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Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20323	LCP CHECKING xxxxxx6649	\$1,860.00

Tracking ID: 20323

Total Amount: \$1,860.00

Created: 11/07/2017 2:56 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/07/2017 2:56 PM

From: LCP

Authorized By: DOROTHY WALLIS

CHECKING xxxxxx6649

Will

ACH Class Code: CCD

process On: 11/7/2017

ACH

Effective: 11/8/2017

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,860.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

TR
RL
C

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Life Ministries
Project Number LCP17-18-112
Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 11/01/2017)
Report Submitted By Teresa Ragusa
Address 3813 N. Flannery Road
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:3 2nd:3 3rd:2 Pantry:8 Home:3 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	5	\$10	\$ 50
Positive Pregnancy Test	3	\$10	\$ 30
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	5	\$40	\$ 200
Referral Services	3	\$10	\$ 30
Health Risk Assessment	6	\$30	\$ 180
Care Plan Development	3	\$30	\$ 90
On-Going Care/Monitoring	5	\$30	\$ 150
Family Support Services	8	\$40	\$ 320
Home Outreach Support Services	3	\$75	\$ 225
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services 50 \$ 1555

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Teresa Ragusa
Dorothy Wallis
Rhonda Spruill

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

Cumm from Last Month	22	Cumm 2nd Visits Last Month	16
Number of New Participants for This Month	5	New 2nd Visits	6
Cummulative Participants	27	Cumm 2nd Visits	22

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	5	\$ 50.00
2 Positive Pregnancy Test	\$ 10.00	3	\$ 30.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	5	\$ 200.00
6 Referral Services	\$ 10.00	3	\$ 30.00
7 Health Risk Assessment	\$ 30.00	6	\$ 180.00
8 Care Plan Care	\$ 30.00	3	\$ 90.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		50	\$ 1,555.00

Amount Due	\$ 1,555.00
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Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20393	LCP CHECKING xxxxxx6649	\$1,555.00

Tracking ID: 20393

Total Amount: \$1,555.00

Created: 11/07/2017 4:11 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/07/2017 4:11 PM

From: LCP

CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/7/2017

Header: CARING TO LOVE

Effective: 11/8/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS LIFE MINISTRIES	WOMENS LIFE MINISTRIES		\$1,555.00	XXXXX24618	Checking	XXXXX5690	

Addenda:

Oct 2017

APPROVAL(S):

1

DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
Project Number LCP17-18-116
Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 10/31/2017)
Report Submitted By Tara Hudgins
Address
City State Zip ,

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins Date	Center ID
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REIMBURSEMENT

New Pos. Clients:18 2nd:18 3rd:9 Pantry:20 Home:4 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	19	\$10	\$ 190
Positive Pregnancy Test	18	\$10	\$ 180
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	27 26	\$40	\$ 1080 1040 <i>SA</i>
Referral Services	18	\$10	\$ 180
Health Risk Assessment	21 20	\$30	\$ 630 600 <i>SA</i>
Care Plan Development	18	\$30	\$ 540
On-Going Care/Monitoring	20 19	\$30	\$ 600 570 <i>SA</i>
Family Support Services	18	\$40	\$ 720
Home Outreach Support Services	4	\$75	\$ 300
Birth Outcome Confirmation	7	\$40	\$ 280

Total Services ~~172~~ *169* ~~\$ 4740~~ *4640. SA*

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

[Signature]
[Signature]
Kristi Behrner

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	68	Cumm 2nd Visits Last Month	61
Number of New Participants for This Month	19	New 2nd Visits	20
Cummulative Participants	87	Cumm 2nd Visits	81

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	19	\$ 190.00
2 Positive Pregnancy Test	\$ 10.00	18	\$ 180.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	26	\$ 1,040.00
6 Referral Services	\$ 10.00	18	\$ 180.00
7 Health Risk Assessment	\$ 30.00	20	\$ 600.00
8 Care Plan Care	\$ 30.00	18	\$ 540.00
9 On-going Care	\$ 30.00	19	\$ 570.00
10 Family Support Services	\$ 40.00	18	\$ 720.00
11 Home Outreach Support Services	\$ 75.00	4	\$ 300.00
12 Birth Outcome Confirmation	\$ 40.00	7	\$ 280.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		169	\$ 4,640.00

Amount Due \$ 4,640.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/8/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20665	LCP CHECKING xxxxxx6649	\$4,640.00

Tracking ID: 20665

Total Amount: \$4,640.00

Created: 11/08/2017 8:09 AM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/08/2017 8:09 AM

From: LCP

Authorized By: DOROTHY WALLIS

CHECKING xxxxxx6649

Will process On: 11/8/2017

ACH Class Code: CCD

Effective: 11/9/2017

ACH

Header: CARING TO LOVE
M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$4,640.00	XXXX176	Checking	XXXXX5459	

Addenda:

Oct 2017

APPROVAL(S):

1

DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
Project Number LCP17-18-01-1
Date of Report 10/01/2017 thru 10/31/2017 (Report Printed: 10/30/2017)
Report Submitted By Michelle Dyess
Address 322 E. Worthy
City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:1 2nd:1 3rd:0 Pantry:4 Home:3 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	6 ✓	\$10	\$ 60 ✓
Positive Pregnancy Test	1 ✓	\$10	\$ 10 ✓
Negative Pregnancy Test	5 ✓	\$10	\$ 50 ✓
Abstinence Education	5 ✓	\$30	\$ 150 ✓
Counseling	1 ✓	\$40	\$ 40 ✓
Referral Services	1 ✓	\$10	\$ 10 ✓
Health Risk Assessment	4 ✓	\$30	\$ 120 ✓
Care Plan Development	1 ✓	\$30	\$ 30 ✓
On-Going Care/Monitoring	3 ✓	\$30	\$ 90 ✓
Family Support Services	2 ✓	\$40	\$ 80 ✓
Home Outreach Support Services	3 ✓	\$75	\$ 225 ✓
Birth Outcome Confirmation	4 ✓	\$40	\$ 160 ✓

Total Services	36	\$ 1025
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Michelle Dyess
Michelle Dyess
Michelle Dyess

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	44	Cumm 2nd Visits Last Month	12
Number of New Participants for This Month	6	New 2nd Visits	4
Cummulative Participants	50	Cumm 2nd Visits	16

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	6	\$ 60.00
2 Positive Pregnancy Test	\$ 10.00	1	\$ 10.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	1	\$ 40.00
6 Referral Services	\$ 10.00	1	\$ 10.00
7 Health Risk Assessment	\$ 30.00	4	\$ 120.00
8 Care Plan Care	\$ 30.00	1	\$ 30.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	2	\$ 80.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		36	\$ 1,025.00

Amount Due \$ 1,025.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 20324	LCP CHECKING xxxxxx6649	\$1,025.00

Tracking ID: 20324

Total Amount: \$1,025.00

Created: 11/07/2017 2:58 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 11/07/2017 2:58 PM

From: LCP

CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will

ACH

process On: 11/7/2017

Header: CARING TO LOVE

Effective: 11/8/2017

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,025.00	XXXX6569	Checking	XXXXX0153	

Addenda: Oct 2017 Gonzales

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

SECTION I

INDIRECT COST

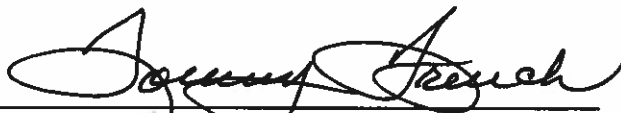


Invoice

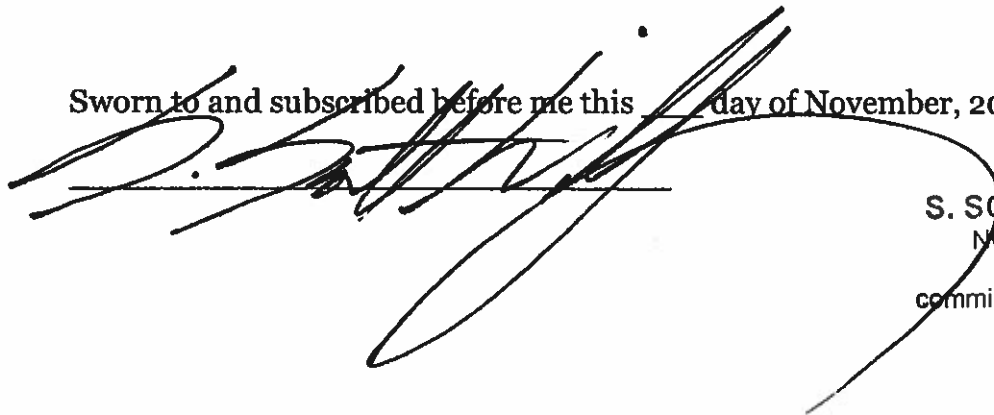
October 2017

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00


Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this _____ day of November, 2017



S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire

92
86



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
11/3/2017	Authorized	1 of 1	Payroll - Tracking ID: 18289	LCP CHECKING xxxxxx6649	\$4,500.00

Tracking ID: 18289

Total Amount:

Created: 11/03/2017

\$4,500.00

4:13 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Dorothy
Wallis

Authorized: 11/03/2017

4:13 PM

Authorized By:
DOROTHY WALLIS

Will process On: 11/3/2017

Effective: 11/6/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: Oct 2017

APPROVAL(S):

1 DOROTHY WALLIS

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: October 2017

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	0	8.5	8.5	7.7	7.7	7.7	5.1	0	8.5	7.7	7.7	6.8	6.8	3.4	0	6.8	6.8	6.8	6.8	6.8	3.4	0	7.7	7.7	7.7	7.7	7.7	3.4	0	8.5	7.7	18.0500
ADMN	0	1.5	1.5	1.4	1.4	1.4	.9	0	1.5	1.4	1.4	1.2	1.2	.6	0	1.2	1.2	1.2	1.2	1.2	.6	0	1.4	1.4	1.4	1.4	1.4	.6	0	1.5	1.4	34.9500
Hours	0	10	10	9	9	9	6	0	10	9	9	8	8	4	0	8	8	8	8	8	4	0	9	9	9	9	9	4	0	10	9	213.000

Employee Signature:

Dorothy Wallis

Date:

11/7/17

Supervisor Signature:

Gregory French

Date:

11/7/17

GBS64407000177020



Louisiana



HMO Louisiana



SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.

Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID: 27A61ERC
Subgroup ID: 0000

Due Date: 10/15/2017
Billing Date: 09/29/2017

Invoice Period From: 10/15/2017
Invoice Period Through: 11/14/2017
Invoice Number: 172720000553

Subscriber Count: 2

Outstanding Balance.....	\$0.00
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$0.00
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,134.03

Please Pay Total Amount Due

\$2,134.03

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

95

10/31/2017

PO# 2000 224936-1017

Section I-Indirect Cost-Insurance

Hancock Whitney Bank

Page 2 of 2

Transactions Details

Posting Date	10/17/2017
Transaction Date	10/17/2017
Description	DDA CHECK 0000017730
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$16,252.76

Front

Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROBURNED BORDER

CARING TO LOVE MINISTRIES
 OPERATING ACCOUNT
 2813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 84-154654 10/11/17

17730

PAY TO THE ORDER OF Blue Cross Blue Shield \$ 2,134.03

Two Thousand One Hundred Thirty-Four and 03/100*****

Blue Cross Blue Shield
 P.O. Box 860007
 Dallas, TX 75285

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

MEMO Group ID 27A81ERC Subgroup 0000 10/15-11/14/1

10654006531

10654006531

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

96